

EXHIBIT K



Southeast Claims Service Center
 Metro Airport Business Center II
 2885 Elm Hill Pike
 P.O. Box 140996
 Nashville TN 37214-0996
 888) 549-9876 Fax (888) 492-7524
www.harleysvillegroup.com

September 14, 2004

Layne Drexel
 1910 Old Capitol Tr.
 Newark, DE 19711

RE: Claim #: FS0530739UND
 Insured: Layne Drexel
 Date of Loss: 6/22/04
 Cause of Loss: Fire

Dear Mr. Drexel:

According to our records your policy was cancelled for non-payment of premium. The effective date of cancellation was 6/8/04. Since the fire loss of 6/22/04 occurred after the cancellation date we are unable to afford you coverage under the policy.

If you have any questions, please feel free to contact me at 1-888-549-9876, ext. 1292.

Sincerely,

Sherry Clodfelter
 Senior Claims Specialist
 Southeast Regional Claims

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Layne Drexel 1910 Old Capitol Tr. Newark, DE 19711 FS0-530739UND</p>		<p>A. Signature</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name)</p> <p>Layne Drexel</p> <p>C. Is delivery address different from item 1? If YES, enter delivery address below</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7002 2410 0000 445</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)</p>	

7002 2410 0000 4453 6507

PS Form 3811, June 2002

Sent to: Layne Drexel
 Street, Apt. No. or PO Box No.: Newark, DE 19711
 City, State, ZIP+4: FS0-530739UND

Total Postage & Insurance: \$0.00

Postmark Here

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